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ABSTRACT

This practicum was developed to increase the quality of child care offered by family daycare providers on a military base in the western United States. Providers were to improve their developmentally appropriate practices (DAP) by following a daily activity schedule, setting up enriched home environments, writing and implementing curricula, and positively interacting with children. Following identification of the problem through a survey of daycare providers, interventions were conducted, including three training sessions, playgroups, and education of providers in lending library supplies. Monthly home visits were also conducted. Outcomes of the interventions were measured using the Developmentally Appropriate Practices Observation Tool, which contained four sections: daily activity schedule, environments, interactions, and curriculum plans. Findings indicate that, with the exception of setting up developmentally appropriate home environments, all objectives for improvement through use of DAP were met. (Appendices contain the survey instrument, observation tool, workshop evaluation, family daycare book report form, and family daycare provider home visit observation form. Contains 50 references.) (EV)

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Helping Family Day Care Providers Implement Developmentally Appropriate Child Care Practices in their Homes with a Four Point Strategy

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By

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Cluster 89

A Practicum I Report Presented to
the Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

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Table of Contents

	Page
Acknowledgments	iv
Abstract	v
Chapter I: Introduction	1
Description of Community	1
Writer's Work Setting	1
Writer's Role	2
Chapter II: Study of the Problem	3
Problem Statement	3
Problem Description	3
Problem Documentation	4
Causative Analysis	5
Relationship of the Problem to the Literature	8
Chapter III: Anticipated Outcomes and Evaluation Instruments.	18
Goals and Expectations	18
Expected Outcomes	18
Measurement of Outcomes.	19
Chapter IV: Solution Strategy	20
Discussion and Evaluation of Solutions.	20
Description of Selected Solutions.	29
Report of Action Taken	32
Chapter V: Results	38
Results	38
Discussion	42
Recommendations	44
Dissemination	46
References	48
Appendices	
A Developmentally Appropriate Practices Survey	54
B Developmentally Appropriate Practices Observation Tool	60
C Workshop Evaluation	68
D Family Daycare Book Report Form	70
E Family Daycare Provider Home Visit Observation	72

Tables

1	Environments	39
2	Interactions	40
3	Curriculum Planning	41

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From start to finish, my husband Jason and daughters, Emily and Melissa were there for me. With the deepest of gratitude and love, I dedicate this practicum to my family who continues to encourage me to pursue my dreams and do good things for children and families.

Abstract

Helping Family Day Care Providers Implement Developmentally Appropriate Child Care Practices in their Homes with a Four Point Strategy. Kirshenbaum, Karen L., 1999: Practicum Report, Nova Southeastern University, Ed. D. Program in Child and Youth Studies. Child Care, Developmentally Appropriate Practice, Early Childhood, Family Child Care.

This practicum was developed to increase the quality of childcare provided by family daycare providers. Providers were to improve their developmentally appropriate practices (DAP) by following a daily activity schedule, setting up enriched home environments, writing and implementing curriculums and positively interacting with children.

The writer presented three training sessions, offered playgroups, and educated providers on the use of lending library supplies. Monthly home visits were also conducted.

Analysis of the data revealed that with the use of training sessions, lending library education, playgroups, and home visits, family daycare providers were better prepared to implement DAP. Networking was also enhanced by these more frequent contacts.

Permission Statement

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Chapter I: Introduction

Description of Community

The setting for this family daycare program was a military base located in the western United States. The terrain was both mountainous and prairie with a mean elevation of 6,035 feet. The climate was generally sunny with annual average humidity at 49%.

The city's demographics included 515,872 people with 71% of this population younger than 44 years. The ethnicity was 78.9% White, 7.5% Black, 9.6% Hispanic and 3.3% Asian.

Writer's Work Setting

The mission of the military on-base family day care program was to provide affordable, quality childcare to military active duty personnel. This quality childcare service allowed military personnel to perform their military functions and ensured that military readiness was maintained to protect our country, without worrying about the well-being of their family members.

There were many unique features at this military base. It was a headquarters command, with only 384 enlisted homes and 107 officer homes located on its military installation. All of the family day care providers were family members of enlisted military personnel and resided in enlisted housing. According to military guidance, it was recommended that up to 3% of enlisted on-base homes be certified, that equated to 12 enlisted homes on this base. The actual number of certified on-base homes as of 1 Jun 98 was 12.

In addition to the on-base family daycare homes, there were two child development centers and one youth center serving a total of 384 children, ages 6 weeks-12 years. In spite of all these facilities and on-base family daycare homes, the waiting list for children under the age of 2 years was high. There were 67 children under the age of 2 years and 25 children over 2 years in need of childcare.

All 12 family daycare providers were enlisted wives. Their mean age was 35 years. Their ethnicity breakdown was seven White, three Black, two Hispanic and zero Asian. The military population, in which these providers belong, was a microcosm of the city population in terms of age and ethnicity. These military enlisted and officer personnel looked first to the base for childcare support.

Writer's Role

As the training and curriculum specialist assigned to the family daycare program, the writer was responsible for providing training and curriculum support to the family daycare coordinator and to her on-base family daycare providers. Specifically, the writer provided family daycare oversight in the areas of setting up the physical home environments, following a daily activity schedule, implementing curriculum plans and initiating positive provider-child interactions. The writer ensured that homes were in compliance with the Department of Defense family daycare inspection criteria and the National Association for the Education of Young Children (NAEYC) developmentally appropriate practices (DAP) guidelines.

Chapter II: Study of the Problem

Problem Statement

The problem to be solved in this practicum was that the military on base family daycare providers were not demonstrating developmentally appropriate practices. Although the family daycare providers were nurturing and providing a safe and healthy environment for young children, they were not providing activities in an enriched environment that encouraged children to explore and learn. They were not using the best practices to address each child's growth and development and ensure the highest level of quality care in their home settings.

Problem Description

Family daycare providers were having difficulty supporting DAP in the areas of following a daily activity schedule, setting up enriched home environments, writing and implementing age and individually appropriate curriculums, and demonstrating positive provider-child interactions. Providers were working with a mixed-age group and finding it hard to juggle infants' individual feeding and sleeping schedules with the needs for following a consistent daily activity schedule with active/quiet, and indoor/outdoor times for older children. Approximately 50% of providers were documenting planned activities on the curriculum form provided by the family daycare office for their use. Furthermore, activities planned were primarily provider directed with all children participating in the same activity regardless of their age or individual interests. Within the play setting, family daycare providers were exhibiting positive guidance, yet they were not practicing the positive adult-child interactions of facilitating children's play by asking open-ended

questions and encouraging children to problem solve.

Emphasis in family daycare homes was primarily focused on ensuring safe and healthy practices were followed. In this regard, military family daycare providers were offering families safe and healthy home environments for their children's play. Examples of these practices included but were not limited to, diaper/toileting sanitation procedures followed guidelines set by the Center for Disease Control, medications that were up out of the reach of young children, safety latches, and fire extinguishers were common fixtures in their homes. Monthly fire drills were conducted in each home. Child abuse prevention and reporting procedures were in place. Homes were inspected on a monthly basis to ensure consistency in adhering to these safe and healthy practices, as well as to DAP.

It is here, with DAP where our personnel needed to concentrate more attention. Our on-base family daycare providers wanted to move from providing good programs for children to being better in tune with children's growth and development and offering families the best quality developmental childcare programs for their children.

Problem Documentation

In May 1998, the writer distributed a DAP survey to the 12 family daycare providers. Nine of the 12 providers participated in this voluntary survey process. The survey asked participants to rate themselves as to the frequency of conducting specific actions under the categories of daily activity schedules, setting up home environments, curriculum planning, and provider-child interactions. Ratings were most of the time, sometimes, and rarely. The results of this survey indicated that:

1. Two of the nine participating providers were not following a consistent daily activity schedule that provided children with opportunities to participate in a balance of planned and free play activities.
2. Five of nine participating providers were not rotating toys and setting up their home environments with a variety of age appropriate materials displayed on labeled shelves and readily available for child use.
3. Two of the nine participating providers were not participating in family style dining which encouraged children to use their self-help skills.
4. Five of the nine participating providers were not writing curriculum plans based on objective observations of children, with parent input and reflective of children's cultures, interests and needs.

Data were collected from survey results (see Appendix A.)

Causative Analysis

Focusing first on the need for enriched family daycare home environments, a review of providers' self-evaluation surveys indicated that more than half of the providers did not use the base's lending library, a place where providers can check out toys and equipment for no charge. This was substantiated by the writer's observations during home visits where she found limited toys, especially for infants and school-age children, displayed on providers' shelves. The results of the investigation revealed five underlying causes why the lending library was not used. One provider said that she didn't know that one existed, while an experienced provider communicated that she did not need more toys. Other reasons given were the lack of extended hours for checking

out materials, lack of knowledge about what was available at the lending library and non-delivery service to get supplies.

In addition to the stark home environments, the writer, during home visits, identified that providers were not following their posted daily activity schedule, curriculum plans were not being written, toys were displayed on low shelves, but shelves were not labeled and activities were primarily provider-directed. These DAP were not consistently being practiced in the homes partly due to the limited presence of a training and curriculum specialist in the homes from December 1996 to April 1998. In fact, the training and curriculum specialist's visits to the homes were limited to observing providers for completion of their self-paced training module competencies.

Documentation in the writer's day planner revealed that she had visited the family daycare providers a total of 55 hours from December 1996-April 1998. This equated to less than 1 hour per week or approximately 2% of the writer's work schedule, with the remaining 98% devoted to the child development and youth center employees. The results of this investigation indicated that the writer's limited visits to provider's homes were not adequate for supporting provider's understanding and demonstration of DAP in their home settings.

A third cause identified during the investigation was that training opportunities were provided on a sporadic basis and providers were not required to attend these early childhood training sessions. The writer reviewed her day planner to identify the specific dates and topics for evening training sessions and she determined that from December 1996-April 1998, a total of six training sessions were scheduled, with one canceled due to

inclement weather. To further substantiate the lack of training opportunities and attendance by providers at these sessions, she reviewed providers' training files. Data from training files and training session sign-in sheets revealed that the average amount of annual classroom training time offered was 10 hours, to include cardiopulmonary resuscitation renewal training. An average 50% attendance rate by providers was calculated. While providers were required to earn 24 hours of continuing training per year, this situation resulted in providers earning their annual training credits by attendance at outside training sessions and/or by doing reading packets and turning in written reports.

The final cause identified during the investigation was that providers were not required to submit curriculum plans for review and approval. As part of the writer's responsibilities, she reviewed and approved written curriculums. The writer maintained a checklist where she documented the provider's name and the date of the curriculum plan being reviewed. She also made visits to providers' homes, upon their request, to assist them with curriculum planning. Review of the writer's checklist and home visits revealed that while only three providers were consistently turning in curriculum plans for review, approximately half of them were posting a curriculum plan for parents to read. Without prior approval, many of these curriculum plans needed revisions in the areas of planning developmentally appropriate activities, individualizing the curriculum plans, and identifying a balance of provider-directed and child-initiated activities.

Relationship of the Problem to the Literature

Many problems related to the writer's situation with her on-base family daycare providers surfaced during the literature review. An overview of the inherent problems faced when implementing developmentally appropriate practices in early childhood settings is included. Cryer and Phillipsen (1997) wrote that providers were offering children little free choice and few materials readily available for child use. There was also an absence of cultural diversity in books, dolls and pictures reflective of children's cultures (pp. 51-67). Curtis and Carter (1996) wrote about the need to set up enriched environments so children can learn and grow in inviting settings. "When children spend the waking hours of their childhood in disorganized, unattractive places, this climate will impact learning, how they behave and who they become" (p. 19). The writer's on-base providers exhibited these same problems.

Burchfield (1996) identified the same two problems with his teachers as the writer has with her on-base providers, which included "needing the skills to move from the academic teacher-directed to child-initiated approach and resistance to changing from traditional to developmentally appropriate practices" (p. 4). Like the writer's providers, Trawick-Smith and Lambert (1995) wrote that "their providers run their own business in a home in isolation with a mixed-age group and they have a need for more training and support for these unique challenges" (pp. 26-32).

Miller (1996) addressed the importance of parent partnerships, bilingual awareness and sensitivity to cultural and family values (p. 261). Parmar and Hoot (1995) also addressed cultural diversity and "the uncertainty of implementing DAP practices

within American schools with traditionally monolingual teachers.

These teachers were being challenged to implement DAP while also being challenged to respond to rapidly increasing numbers of immigrant children” (p. 150). Lynch and Hanson (1992) emphasized the need to include families’ input about their cultures into the curriculum in order to enhance parent-teacher communication and interactions. They also wrote that “although families are influenced by their ethnic, cultural and language backgrounds, they are not fully defined by them. Differences in these areas should be used to enhance our interactions with families, rather than stereotype or to serve as the sole determiner of our approach when interventions are needed” (p.xviii). Bredekamp and Copple (1997) also emphasized understanding children’s cultural backgrounds to better plan activities to meet children’s interests and skills (p.42). The writer’s providers had not surveyed parents as to how they wanted to be involved and what were their traditions. Furthermore, they had not included parent involvement activities on their curriculum plans.

Katz (1996) wrote that providers needed to observe children’s constructions and use this information to plan curriculum (p.138). Godwin and Schrag (1996) wrote that “individualized learning in a mixed-age group and knowing what each child needs is truly the challenge of childcare” (p.89). Bredekamp (1993) further emphasized about the importance of inclusion of special needs into our childcare settings and ensuring individually appropriate developmental practices were in place for these special needs children (pp.258-273). The on-base providers were not soliciting children’s inputs into curriculum planning and they were not planning curriculum activities based on written

observations. Furthermore, these providers were caring for children to include special needs children without knowledge of how to individualize their programs.

The literature detailed more supportive evidence of the profound problem teachers, providers and administrators were having with understanding how to balance child-initiated and teacher-directed activities and move from the academic to more open-ended teaching instruction. Kostelnik (1993) wrote,

Some administrators feel confused about what developmentally appropriate practice is and how to achieve it. They have the misconceptions that there is only one way to carry out a DAP program.

Also these DAP programs are unstructured with lower expectations for children's learning (pp. 73-77).

Gronlund (1995) stated that teachers were not sure about how to write developmentally appropriate lesson plans. "They wonder how they can incorporate open-ended play into the lesson plans and still teach kindergartners what they need to learn" (pp.5-6). Passidomo (1994) further supported this confusion when she wrote that dittoes were still prevalent in the early grades and being debated between teachers and administrators (pp. 75-78). O'Brien (1996) wrote that in her study of Head Start teachers,

They professed a preference for a very individualistic, child-centered model, yet the children's day was actually split up almost exactly between child-initiated activities and teacher-directed group activities with a strong academic emphasis. Teachers are torn between adhering to a developmental curriculum and to their

need to use more formal teacher-directed instruction to prepare children from poor homes for public school (pp. 100-101).

Dunn and Kontos (1997) highlighted the same issue as O'Brien when they wrote that "we can say that teacher's beliefs are more consistent with developmentally appropriate practices than their behaviors and this may well reflect the gap between knowledge and application" (p. 7). Our on-base providers have had some training on DAP but they like the providers in the literature review were not making the connection between what is DAP and how to practice it in their home environments.

Schweinhart and Weikart (1998) wrote that a longitudinal curriculum comparison study was conducted using the High/Scope Curriculum, an open-framework approach, traditional Nursery School with a child-centered approach and a classroom using a direct instruction approach. These children's success in school and emotional stability was followed till their 23rd birthday. Results of this study revealed that:

Only 6 percent of either the High/Scope or the Nursery School group needed treatment for emotional impairment or disturbance during their schooling, as compared to 47 percent of the Direct Instruction group (p. 58).

Schweinhart and Weikart (1998) highly recommended that early childhood educators should "expand their thinking beyond the academics and help children learn to make decisions, problem solve and exhibit pro-social behaviors" (pp.59-60). The on-base providers were not taking advantage of the teachable moments during children's play to extend children's problem solving and learning by asking children questions like, "What do you think might happen next?" or "What would you do differently?"

With the problems spelled out, it's now time to turn attention to a literature review of possible causes of the problem of implementing DAP in early childhood settings. Although early childhood educators know that children learn through play, Burrell and Perlmutter (1995) wrote that in many primary classrooms, recess was the only "officially sanctioned" voluntary play left for children (p. 15). Passidomo (1994) also addressed play opportunities in kindergarten when she wrote,

The move to DAP would take time because kindergarten children are allowed to play, but children's real work is to prepare for tests and first grade. She further stated that teachers were adhering to traditional practices that they had been doing for 20 or more years. These teachers were of the mindset that these traditional practices were indeed successful, so why change (p. 75).

Like these teachers, the on-base providers were not seeing the benefits of play and child-centered learning. They still thought that the best way to teach was academic direct instruction where everyone was taught the same things at the same time with no regard to children's individual mastery levels, interests or needs.

Very interesting research by Gramley in 1990 into the issue of planning and organizing activities surfaced another possible cause for provider difficulty in implementing developmentally appropriate practices in their homes. Kontos (1992) in her book, Family Day Care: Out of the Shadows and into the Limelight shared Gramley's research on providers' perceptions of their role with children and how this role affects their provider-child interactions. Kontos (1992) reported,

Women whose self-concept as a caregiver involved a strong mother image provided unstructured, informal activities for children in a safe, nurturing environment. While women whose self-concept as a caregiver included the teacher role emphasized teacher-directed activities (p.64).

Many of our on-base providers did not see the benefits or know how to mesh both teaching styles.

Another possible cause for the roadblocks to DAP implementation was addressed by Kostelnick (1993) when she wrote that educators get bogged down in the details of DAP such as memorizing the DAP guidelines and ensuring the physical environment was arranged with the right toys and equipment. Instead teachers needed to focus on its meaning. In summation, she stated that there were three DAP principles being overlooked.

1. DAP takes our knowledge of child growth and development and learning and supports this information with positive teaching strategies and curriculum content.
2. DAP means treating children as individuals.
3. DAP means treating children with respect and having faith in their capacity to learn (p. 74).

Two more causes for concern involved professional development and professional support systems. Many professional development sessions focused on the developmental characteristics of a specific age group, i.e. infants, toddlers, preschoolers, or school-age children. Trawick-Smith and Lambert (1995) wrote,

Professional workshops that provide ideas for a mixed-age group are rare, yet, most family daycare providers care for a mixed-age group of children. The majority of these providers also work alone without the daily support that their center-based counterparts have with other early childhood professionals. Provider isolation and caring for a mixed-age grouping coupled with both living and working in the same place surface unique needs that must be addressed (pp. 26-27).

As a direct result of provider isolation, the wealth of knowledge about running your own business can be limited. In fact, many of our on-base family daycare providers did not know how to run and operate a daycare business from their homes. Modigliana, Reiff and Jones (1987) wrote that providers were unaware of the importance of enhancing their home environments to help children learn and grow in inviting settings. Specifically, they addressed the issue of transforming your home into “a place that is childproof, comfortable and inviting and putting your planning energy into setting up a rich environment” (pp. 45-47). Greenman (1988) wrote that teachers needed to know how to set up welcoming environments for children to explore, play and learn.

When I walk into a children’s setting, devoid of children and adults, I look around and imagine I’m Carlos at the age of the children in my program and ask myself, Is this a good place for me to spend my time and is this a good place as a teacher to spend my days with Carlos and the others? If I can’t answer yes to both of those questions, there is work to be done (p.8).

Koralek, Colker and Trister Dodge (1995) wrote that “children fighting over toys and play materials” was a warning sign that the family childcare environment, program structure, activities, and interactions were not working (pp. 135-137). Our on-base providers were not offering duplicates of toys even though some of them were aware that infants and toddlers do not have the readiness and should not be expected to share. There were also few toys that were age appropriate for the school-age children in their homes. This home environment problem was caused by providers, like our on-base providers, having to balance their families’ home environment needs with the needs of their daycare children. This situation included sharing the same space, toys and equipment. A perfect example was the provider’s own children sharing some, if not all their toys with the family daycare children. Providers were trying to meet all these challenges with little support and training on how to maximize use of their space and equipment to run a developmentally appropriate program for the children in their care.

The lack of training was a central theme and cause why providers were not implementing developmentally appropriate practices in their home environments. Galinsky, Howes, Kontos and Shinn (1994) shared key findings from the study of children in family child care and relative care. This report identified areas of concern to include:

1. Only half of the children in the sample were securely attached to their providers.
2. Only 9% of the family child care homes in this study rate as good quality (meaning growth enhancing), 56% of the homes rate as adequate/custodial

(neither growth enhancing nor growth harming); and 35% of the homes rate as inadequate (growth harming).

3. Of the parents who looked for alternatives when selecting care, 65% believed they had no choices. Twenty-eight percent of all the mothers in this sample would use other care if available (pp.58-59).

This study of family child care and relative care revealed that quality appeared higher when providers were trained and when they were caring for three to six children, rather than just one or two (p. 59). Our on-base providers were licensed to care for up to six children to include their own children who are 8 years and younger. Two of these children can be under 2 years of age.

As recent as the year 1997, the lack of training and its negative impact on the quality of care provided to our children was still prevalent. The Children's Defense Fund report (1998) on training providers noted that, in 1997, 39 states and the District of Columbia did not require family childcare providers to have completed any training prior to serving children (p.41). It's sad but true that these providers were being offered no training and/or resources to learn the necessary skills to perform their jobs. Our on-base providers did receive some orientation training, but follow-up training and support had been limited.

The scope of the writer's literature review was limited to researching the early childhood developmentally appropriate practices of family daycare providers, center caregivers and teachers who work with children from infancy through school-age (birth-8 years). This review identified that early childhood programs were moving in the

direction of DAP, but there still was confusion as to how to balance child-initiated and teacher-directed practices, set up learning environments, and do curriculum planning that was both age and individually appropriate.

Chapter III: Anticipated Outcomes and Evaluation Instruments

Goals and Expectations

The goal for this practicum was that the military on-base family daycare providers would care for their children using the best practices available for supporting children's social, emotional, physical and cognitive growth and development. Our providers would demonstrate positive interactions with young children to include getting down on children's eye level and engaging in two-way conversations. They would listen to children, address them by name, label their environment, and ask open-ended questions to extend their problem solving and communication skills. Providers would also offer children a variety of age and individually appropriate activities in a warm and nurturing home environment.

Expected Outcomes

The writer had set four expected outcomes to address the minimal presence of developmentally appropriate activities, enriched home environments, positive interactions, and developmentally appropriate curriculum planning in the on-base military family daycare homes. The following outcomes were projected for this practicum:

1. The first outcome was that 11 of the 12 providers would understand what are appropriate daily activities.
2. The second outcome was that 10 of the 12 providers would meet the needs of children in their care by setting up DAP home environments.
3. The third outcome was that 11 of the 12 providers would have positive daily interactions with their children in care.

4. The fourth outcome was that 10 of the 12 providers would understand how to plan developmentally appropriate curriculum.

Measurement of Outcomes

Each projected outcome was measured using the Developmentally Appropriate Practices Observation Tool (see Appendix B.) This tool was divided into four sections, daily activity schedule, environments, interactions and curriculum plans. Under the category daily activity schedule, the writer expected to observe 11 of the 12 providers demonstrating four of the five developmentally appropriate activity behaviors listed. Next, under the category of environments, the writer expected to observe 10 of the 12 providers demonstrating six of the seven environment behaviors listed. For the category interactions, the writer expected to observe 11 of the 12 providers demonstrating four of the five listed positive interaction behaviors. Lastly under the fourth category, curriculum planning, the writer expected to observe 10 of the 12 providers demonstrating five of the six listed developmentally appropriate curriculum planning behaviors. The writer used this tool because it had a place to record both observations and an assessment of whether the specific behavior was or was not observed.

Chapter IV: Solution Strategy

Discussion and Evaluation of Solutions

The following were solutions gleaned from the literature. Trawick-Smith and Lambert (1995) suggested numerous training strategies to support family childcare providers' unique challenges. They wrote,

When planning professional development activities, workshop presenters and family child caregivers must collaborate to design programs that are relevant to all developmental levels and that show how providers can provide high-quality care to developmentally diverse groups (p.27).

On-base providers have had some input into training topics beyond the mandatory training sessions required by the military. Training sessions should also focus on the “unique spatial design” challenges of the family childcare home. In order to support training endeavors, Trawick-Smith and Lambert recommended that “hands-on workshops should be provided in which curriculum groups, materials-buying cooperatives, or professional support groups are organized regionally” (p.32).

Addressing professional support groups, Colker and Trister-Dodge (1991) suggested two key approaches to working with providers on implementing the concepts of The Creative Curriculum for Family Child Care. The first approach was “to bring providers together for workshops and sharing sessions. Second, reinforce this learning by giving individualized support in each provider’s home” (p.2). Our on-base providers had, on a limited basis, called the writer for assistance with curriculum planning. The writer had only visited homes upon requests and for module competencies. Kontos

(1992) further supported conducting home visits. She wrote, "home visiting can be an effective way to improve the overall quality of care, even if the visit relates to delivering toys from the lending library" (p.131).

An approach to learning shared by Burchfield (1996) was the Project Approach. This approach encouraged children to be involved in the brainstorming and planning of topics to study. This process allowed children to ask questions and help in devising methods to investigate the questions generated or those that arise. Projects can be individual, small or large group in nature. This project approach was child-initiated and encouraged children to socialize (p.6).

Cryer and Phillipsen (1997) wrote about both childcare program strengths and weaknesses. They recommended that "at mealtimes, adults should sit with children and guide them in pleasant interactions while teaching self-help skills such as serving themselves from small pitchers and bowls" (p.56). These techniques illustrated the concepts of family style dining. Many of our providers served food in small bowls, but seldom sat down with children to role model healthy eating or engage in conversation. To further build children's self-esteem, Cryer and Phillipsen wrote, "children's artwork, their creations should be displayed at a low level for easy viewing by the children" (p.56). In very few of our on-base homes did you see children's artwork displayed and not all the artwork was process-oriented, but instead it was copied from a model.

Focusing in on the physical environment, Koralek, Colker and Trister-Dodge (1995) wrote that providers needed an age-appropriate inventory of materials and equipment in order to allow all children to play with materials that match their needs,

skills and interests. Knowing that developmentally, infants and toddlers do not share, there needed to be duplicates of popular materials so that these young children have many opportunities to experience a sense of ownership and security within their surroundings (pp. 138-142).

A tool designed to evaluate home environments was the Family Daycare Rating Scale (FDCRS). This FDCRS was devised by Clifford and Harms (1989) to evaluate six areas. These included space and furnishings for care and learning, basic care, language and reasoning, learning activities, social development and adult needs (pp.11-39). Our on-base home environments had been assessed through direct observations, but without the use of a specific evaluation tool such as the FDCRS.

Play is a central factor in how children learn. Burrel and Permuter (1995) wrote, “play is a context in which teachers can see what a child can do and use this knowledge to plan meaningful learning experiences for them” (p.20). Gronlund (1995) further emphasized the importance of play when she identified the three key elements to a DAP classroom. These elements were “children learn by doing, play with intent and purpose and move from the simple to complex skills in planning for learning in active and engaging ways” (pp. 4-7). Our providers allowed children to play but activities were randomly planned, with many being provider-led and without established learning objectives.

Establishing a consistent daily activity schedule is crucial to the smooth operation of a family daycare business. Koralek, Colker and Trister-Dodge (1995) not only recommended that a daily activity schedule be posted and followed, but that it

needed to be tailored to meet the individual needs of children in care. Children needed to know the routines, be prepared for transitions, and have time to explore the environment and participate in provider-led activities. Additionally, this schedule must allow for flexibility to reflect children's growth and changing interests (pp.152-158). Our providers had daily activity schedules posted but many of these recommended characteristics were missing.

Looking at assessment of teaching instruction, Gestwicki (1995) wrote that it was important for early childhood educators to think about the continuum toward more developmentally appropriate practices. Educators needed to provide teachers with guidance on the value of play and child-initiated exploration so that "teachers can slowly change their classroom practices to match more of what is defined as excellent educational practice for young children" (p. 319). In support of making change and having teachers understand DAP principles, Kontos (1992) wrote that "programs to train family daycare providers must address their learning styles in order to maximize the likelihood of success" (p. 146). Along with assessing the learning styles of teachers and informing them on appropriate teaching instruction strategies, Bredekamp (1993) wrote, "early childhood education could be improved if the prevailing support for and understanding of developmentally appropriate practice emphasized more assessment and planning for individual children" (p. 265). In further support of planning for individual children, Bredekamp and Rosegrant (1992) stated, "direct observation is the most effective strategy for getting to know young children" (pp. 49-50). Teachers will be informed about their children's individual interests and needs using direct observation.

Our providers indicated that they observed children at play but that they didn't document these observations or solicit input from parents about their children's development. To move beyond a thematic curriculum, Curtis and Carter (1996) strongly supported observing young children so that "teachers are putting children's interests first and adopting a more child-centered emergent curriculum" (p.69). Parent input into curricular planning adds to individualizing the early childhood program. Dombro and Trister-Dodge (1997) recommended devising a goals for working with families form for provider use. With this form, providers can solicit information from families about their child and better individualize their program to serve that child's family (pp.96-100).

In addition to direct observation assessments, children's portfolios were an integral part of assessing children's learning. Wortham (1997) wrote that the specific content of the portfolio can include "a section for work selected by the child, work selected by the teacher and a section for teacher assessment records such as observation reports, checklists and rating scales, and other documentation of children's progress" (p.117). Many of our providers have photographed their daycare children and made scrapbooks of each child's day, but none have collected children's work and made portfolios to use as an assessment tool.

Having synthesized the solutions from a literature review, the writer has generated some possible solution sets to target the problem of implementing DAP in providers' homes. The first idea generated was that early childhood education for all children and DAP could be improved if greater emphasis was placed on assessing by observation and planning for individual children. Bergen (1997) wrote that,

Naturalistic observations allow observers to gain information about the ways young children perform various skills that might not be revealed in formal testing. Young children are also good subjects for observation because they are less likely to change their behaviors when observed in their own class setting with familiar adults (pp.110-111).

To further assess children's progress, the writer could ask providers to compile individual child portfolios. These portfolios could include samples of children's work and the provider's observations. The information contained in the portfolio could be shared with parents during a parent conference.

A third idea that surfaced from the writer's experience in center-based care and her readings was that family daycare providers should establish a daily activity schedule that is consistent. This schedule needs to include routines like meal and rest times, transitions, and allow for flexibility when children lose interest in an activity or a more exciting event sparks their interest. This daily schedule needs to address the needs and interests of all children in care.

In terms of training, a few ideas emerged while surveying the literature and conversing with colleagues. First that trainers and providers could plan environment training focusing on the spatial designs of each provider's homes. Training sessions could also center on emergent curriculum, a child-centered approach to curriculum planning. Professional development activities and workshops for family daycare providers need to concentrate more on instructing and demonstrating to providers how they can provide quality childcare to a mixed-age group of children.

Beyond the classroom training, the literature reinforced the ideas that providers needed support from each other as well as from other early childhood professionals. The writer could encourage the providers to form a support group. She could also start doing home visits to lend support to providers who are isolated from their peers and other childcare professionals.

To assess the providers' home environments, the writer could use the Family Day Care Rating Scale. Clifford and Harms (1989) wrote that, "the FDCRS tool defines quality of family day care comprehensively" (p.1). They stated that this tool provided the evaluator with reliable and valid data about the environmental quality in family day care homes (pp.1-2). The FDCRS does, in fact, do a good job of assessing family day care home environments.

In order for providers to set up enriched environments, they must know what toys and equipment is needed to meet each child's developing needs. Providers could be provided an age-appropriate inventory of supplies, toys and equipment to meet children's interests and needs. Throughout Bronson's (1997) book, The Right Stuff for Children Birth to Eight play materials by age and type of materials are listed. This resource also explains what skills children learn through manipulating certain toys.

The Project approach was an idea that could be adopted by providers and used to devise curriculum plans for children in care. According to Burchfield (1996), this approach encouraged "meaningful and relevant engagement in units of study chosen by both the teacher and students" (p.6).

The last idea generated from the readings was to encourage more parent

involvement in the writer's on-base providers' homes, by the writer offering providers a form for parents to complete. This form could ask families about their child's likes/dislikes, holiday celebrations, and talents that families might like to share with their child's playmates. This form could serve as a vehicle for parent input and thus individualize the family daycare program to serve the child and his/her family.

The following is a critique of the feasibility of implementing the above solutions. First, it is very feasible to train family daycare providers on how to observe young children and individualize their curriculum plans. After providers have been trained on how to observe and conduct parent conferences, then it would be feasible to have them put together a portfolio of children's work and observations. As part of the training on parent conferences, the writer would provide the providers with a form to gather information from the parents, but the writer would not mandate that this be the only form that could be used. Along with these workshops, the writer would incorporate training sessions on devising and following a daily activity schedule, emergent curriculum, providing quality care and planning developmentally appropriate activities for a mixed-age group of children.

As for setting up home environments, the family daycare homes on-base have basically two floor plans which doesn't really lend to a training session on unique spatial designs. Yet, focusing attention on setting up home environments to meet the interests and needs of children is feasible. Hubbard (1998) wrote,

The physical space is an essential consideration in providing the kind of time children need for their work. The key is access-access to a range of working

spaces, access to other children and other adults; in short, the ability to access their own creativity (p.30).

In terms of assessing home environments and other developmentally appropriate practices, the Family Daycare Rating Scale is a valid measurement tool for assessing home environments. This tool supports DAP for setting up home environments and is a feasible tool for use in our on-base family daycare homes.

Looking at different curriculum approaches, the emergent curriculum focuses on all children's needs and interests, and the Project approach addresses the needs of preschoolers and school-age children. The Project approach is better suited for the classroom environment. It is not the best approach to implement in family daycare homes, in a mixed-age group comprised of infants and toddlers as well as older children.

It is very feasible to distribute to providers an age-appropriate list of materials and equipment. The family daycare lending library, a free service to providers, already has on-file a mandatory inventory of materials and equipment available for check-out.

The final two solutions involve support systems for providers. It is feasible to provide a support group for providers on the military base, although the city has an active family childcare association group already in place. As for home visits, both the writer and family daycare providers would benefit from this on-site support. The writer would be able to better assess family daycare providers needs in their own home settings and providers would be able to get training support on curriculum planning, guidance, and other pertinent topics.

Description of Selected Solutions

The writer implemented a four point strategy that included:

1. Helping providers learn how to select and use lending library toys and equipment to ensure the developmental needs of children in their care are met.
2. Helping providers learn the theory needed to implement good child development practices in their home environments.
3. Helping providers learn to do hands-on age and individually appropriate activities that help their children learn and grow.
4. Helping providers learn and practice the developmentally appropriate childcare skills needed to more effectively run a DAP business in their home settings.

This four point strategy was appropriate and supported the causes for the lack of demonstrated developmentally appropriate practices by family daycare providers. The writer provided our military on-base family daycare providers with monthly 1 1/2 hour training sessions to support learning DAP theory which was not consistently offered to them in the past. Honig (1996) wrote that political and economic support for training must be put into place. Furthermore, "the fate of early childhood teacher training rests on raising awareness and respect for the work our early childhood teachers and providers perform in aiding children to be learners and problem solvers" (pp.27-28).

To further support training, the writer organized playgroups as a hands-on vehicle for learning and earning training credits. Providers and children had positive

opportunities to interact with each other while participating in appropriate learning activities. According to Vander Wilt and Monroe (1998) “developmentally appropriate practices includes exploration and discovery experiences. Manipulating real, concrete and relevant materials contributes to children’s understanding” (p.18).

The writer conducted home visits to increase her presence and support in the homes and aid in helping providers translate their knowledge of developmentally appropriate theory into practice. Halford (1998) wrote, “educators are recognizing the power of mentoring. As instructional leaders and master teachers, mentors can be a professional lifeline for their new colleagues” (pp.35-36).

Lastly, in response to the lack of knowledge about the lending library, and its contents, the writer informed providers about what was at the lending library and educated providers on how to use the lending library equipment and materials to enrich their home environments. During evening training sessions and playgroups, the writer used materials from the lending library in her planned activities, demonstrated their usage, and made suggestions as to where they might be used in providers’ home environments. Baker (1997) wrote, “the trainer needs to remember that staff development is most effective when the learning experiences offered are in response to needs expressed by the caregiver” (p.5).

This four point strategy supported the outcome of on-base family daycare providers caring for their children using the best practices available for supporting children’s social, emotional, physical and cognitive growth and development. Greater accessibility to lending library toys and equipment and education on their usage helped

providers have the variety of materials available to enrich their home environments. They were also be able to rotate toys and offer age appropriate activities to the children in their care.

Evening workshops on setting up home environments, guidance and observing children, child development, parent involvement and cultural diversity allowed providers to learn the concepts and skills needed to implement DAP with young children. Vander Wilt and Monroe (1998) wrote,

Education that is developmentally appropriate requires a sensitivity to both age and individually appropriate. Teachers must be aware of and account for the typical sequences of growth and change in children. This means that teachers need a much stronger grounding in child development than most of them have (p.18).

Playgroups where both providers and children engage in hands-on developmentally appropriate activities helped providers obtain knowledge about age and individually appropriate curriculum planning and child development.

The last strategy the writer employed was conducting home visits. During home visits, the writer rolemodeled DAP in the home environment. She lent assistance with curriculum planning and implementation of concepts learned in training sessions and playgroups. The writer assessed each family daycare provider's progress in implementing DAP in their home. Salmon and Truax (1998) wrote, "by collaborating with one another, teachers have been able to improve their own teaching and develop curriculum that supports child-centered learning" (p.66). The writer collaborated with

providers in their homes as well as during training sessions and playgroups and together they moved toward more developmentally appropriate practices.

Report of Action Taken

The key players involved in the following action plan to implement developmentally appropriate practices in family daycare homes were the writer and the on-base family daycare providers. At the onset, all providers received a letter from the writer informing them that the writer's proposal had been approved and stating the date that implementation would begin. It defined the proposal's objectives, timeline and briefly addressed what role each player played as this implementation process unfolded.

The writer assumed the leadership role in educating the providers about how to use the lending library toys and equipment, as well as distributing them. She presented evening workshops, organized playgroups and conducted home visits. The writer primarily used her own written materials along with specific texts for conducting her training sessions and playgroups. These books included, The Creative Curriculum for Family Child Care (Colker and Dodge, 1991), Developmentally Appropriate Practices in Early Childhood Programs (Bredekamp and Copple, 1997), The Creative Curriculum for Infants and Toddlers (Dombro, Colker and Dodge, 1997), and Reflecting Children's Lives-A Handbook for Planning Child-Centered Curriculum (Curtis and Carter, 1996). The writer supplemented her own written materials and the above mentioned texts with articles and journals from other early childhood books and journals.

The specific topics presented at the three evening workshops were,

1. Guidance/Observing Young Children,
2. Child Development/Home Environments, and
3. Cultural Diversity/Parent Involvement.

These mandatory evening sessions began with a ½ hour meeting with their supervisor, the family daycare coordinator, and then 11/2 hours of training with the writer. Each workshop included an icebreaker, lecture, hands-on activities, sharing time, handouts and evaluation (see Appendix C.) Toys and materials from the lending library were used as needed for training sessions. All training was conducted in the child development center, after it was closed for business.

Prior to each training, a read-ahead article with a book report form (see Appendix D) was given to each provider to read and complete and to be handed in at the training session. The read-ahead articles included information on fostering the self-esteem of young children, brain development, and appreciating diversity in early childhood settings.

Upon completion of each session, a follow-up homework activity was assigned to the providers to be completed in their homes. The first homework assignment required each provider to observe each child in care and document what was observed, what the provider thought the child was experiencing, what the child was interested in and what could the provider plan to build on each child's interests. The second homework assignment focused on child development and environments. The first part asked providers to list some of the physical, cognitive, emotional and social development traits of each child in care. Next, providers were to begin to label their shelves and bins

with both the words and pictures of toys displayed. Finally, the third homework assignment supported cultural diversity and parent involvement. Providers distributed either the writer's sample survey or their own survey to parents asking about their celebrations/traditions and their children's likes and dislikes and then providers were to incorporate that information into curriculum plans. Homework assignments served to reinforce skills learned during the evening sessions.

In addition to training sessions, playgroups were conducted twice a month. They were conducted at the youth center in their gymnasium. There was no conflict with using this space in the mornings around ten o'clock because the school-age children were at school during this time. These playgroups concentrated on developmentally appropriate activities and curriculum planning. Activities addressed the needs of a mixed-age group of children. Both providers and children were involved in these play experiences. Toys and materials from the lending library were used during playgroups and the writer demonstrated usage when needed. These lending library materials were available for check-out after the playgroup session and were delivered to the homes, upon request.

A variety of activities were available at each play session to include creative art, music, movement, manipulative play, and storytelling. Playgroups during the first month centered on wintertime fun and some of the activities included creative movement to music where everyone pretended to be snowflakes, fingerpainting with white paint, and waterplay using cool water and ice cubes since snow was not available.

During the second month, the writer included activities focused on community helpers and had paper, envelopes, stickers, crayons, markers and pencils for writing

letters and/or coloring, dramatic play clothing and prop boxes for imaginary play, and edible playdough for manipulating. The third month and last month of practicum implementation, activities focused on cultural diversity. Children and providers had opportunities to use multicultural paints, markers and crayons and to explore activities about how we are alike and different. All playgroups reinforced skills learned at evening workshops. Playgroups were opened to family participation and holiday celebrations and cultural diversity were reflected in planned activities. A few parents visited and participated in activities with their children during these playgroup sessions. Food was included in one of the playgroups and the concept of family style dining was reinforced. Handouts on activities to do with children and what they learned from these activities as well as articles on curriculum planning were distributed at each playgroup.

While evening workshops were mandatory, playgroups were optional. On average, eight or more providers attended these playgroup sessions. Handouts from the playgroups were also provided at evening workshops for providers who did not attend the playgroup sessions. Providers who attended the playgroups received 1 hour of training credit for attendance.

In addition to the writer's leadership responsibilities revolving around the lending library, workshops, and playgroups, she served as a mentor, role model, trainer, curriculum expert, advisor, coach, observer and evaluator when conducting home visits. During the initial provider home visits, she established a rapport with each provider and asked them what assistance they needed. At this initial visit, she gave the provider a copy of the DAP observation tool. Review of this DAP observation tool allowed

providers to become familiar with the writer's assessment criteria. She delivered toys and materials and suggested ways to display materials so that they were readily available for child-use. Regarding lending library support, during the first month of home visits the writer did experience some problems in gaining access to the lending library. The lending library had been moved to the military base's theater and at times it was difficult to locate the person to sign out the key to secure needed supplies and equipment for home delivery. This problem was addressed and the family daycare coordinator was issued a key. From this point on, the writer coordinated her visits to the lending library with the coordinator instead of having to go through all the formal squadron sign-out procedures.

During the initial and second home visits, the writer made formal observations lasting no more than 30 minutes to 1 hour. She used a family daycare home observation form (see Appendix E) to document providers' progress in implementing DAP in their homes. For the final observation conducted during the third home visit, the writer used the DAP observation tool (see Appendix B.) This observation took from 1-1½ hours to complete.

In addition to formal observations conducted during the second home visits, the writer guided providers on how to write anecdotal records on each child and use this information to devise both age and individually appropriate curriculum plans. She reviewed curriculum plans and made recommendations as needed. The writer also demonstrated positive guidance techniques in the providers' homes and provided feedback to providers on their provider-child interactions.

The third visit focused on the writer providing assistance and support to providers

as they made changes to their home environments and established and followed a daily activity schedule. Home visits made after the third training session were used to build on the knowledge learned about cultural diversity and help providers requesting assistance with completing the third homework assignment, the parent surveys. At this last home visit, the writer also distributed a copy of the DAP Observation Tool and offered providers an opportunity to do a self-evaluation. They were instructed to complete just the assessment section of the tool where they would indicate whether they did or did not meet the criteria. Each provider was also encouraged to include written comments if they desired. This tool was to be turned into the writer by the last week of practicum implementation.

With the exception of the initial glitch with access to the lending library, there were no problems with implementing this practicum. Both the family childcare coordinator and the writer's supervisor were completely committed to and excited about this project. They offered both their support and cooperation during the duration of the 3 months implementation process.

Chapter V: Results

Results

The problem in the writer's work setting was that family daycare providers were having difficulty supporting DAP in the areas of following a daily activity schedule, setting up enriched home environments, writing and implementing age and individually appropriate curriculums, and demonstrating positive provider-child interactions. The writer implemented a four point strategy to address this problem. This strategy included delivering and educating providers on the use of lending library toys, equipment and supplies, and conducting training sessions on guidance and observing children, child development and setting up home environments, and cultural diversity and parent involvement with read ahead articles and homework assignments. To augment training sessions and lending library support, the writer also offered mixed aged activities and curriculum planning ideas at bimonthly playgroups. Here, providers, children and families had the opportunity to actively engage in experiencing and learning about developmentally appropriate activities to do with young children. Finally, the writer visited each provider on a monthly basis to offer support in implementing the newly learned DAP in their home settings. This four point strategy supported the practicum's goal that military on-base family daycare providers would care for their children using the best practices available for supporting children's social, emotional, physical and cognitive growth and development.

The first outcome expected for this practicum was that 11 of the 12 providers would understand what are appropriate daily activities. This first outcome was met.

Under this category of daily activity schedules on the DAP observation tool, the writer expected to observe 11 of the 12 providers demonstrating four of the five developmentally appropriate activity behaviors. In fact, the writer's observations and assessments indicated that not 11, but all 12 providers demonstrated all five of the developmentally appropriate activity behaviors listed on this observation tool (see Appendix B.) In addition to the writer's favorable findings, the nine providers who participated in completing the self-evaluation unanimously agreed that this outcome was also met.

The second outcome was that 10 of the 12 providers would meet the needs of children in their care by setting up DAP home environments. This outcome was not met.

The writer expected to observe 10 of the 12 providers demonstrating six of the seven environment behaviors listed on the DAP observation tool. Instead of six environment behaviors being met, her findings indicated only three of the environment behaviors were met by 10 or more providers (see Table 1.) The nine providers' self evaluations also correlated with the writer's findings.

Table 1

Environment

Behaviors	No. of Providers Demonstrating Behaviors
1. Display toys on low shelves	12
2. Display artwork at child's level	11

3. Multicultural books & dolls reflect cultures of children in care	12
4. Label shelves with pictures and words for items displayed	9
5. Crayons, markers, paper accessible to children	9
6. Rotate toys on a weekly basis	5
7. Use lending library	9

The third outcome was that 11 of the 12 providers would have positive daily interactions with their children in care. This outcome was met.

Specifically, the writer expected to observe 11 of the 12 providers demonstrating four of the five listed positive interaction behaviors on the DAP observation tool. Results showed that all 12 providers demonstrated all five of these interaction behaviors (see Table 2.) As with the daily activities category, all nine providers also agreed with the writer's findings.

Table 2

Interactions

Behaviors	No. of Providers Demonstrating Behaviors
1. Get down and talk on children's eye level	12
2. Ask open ended questions	12

3. Sit and eat with children at meal & snack times	12
4. Encourage children to use their self-help skills	12
5. Praise children's efforts and positive behaviors	12

Lastly, the fourth outcome was that 10 of the 12 providers would understand how to plan developmentally appropriate curriculum. This outcome was met.

The writer expected to observe 10 of the 12 providers demonstrating five of the six listed developmentally appropriate curriculum planning behaviors. The only area where only 8 providers demonstrated the curriculum planning behavior was including parent involvement activities in the curriculum plans. The provider self evaluations also indicated a lower rating in involving parents in activities. Surprisingly, providers also rated themselves lower than the writer in individualizing the curriculum (see Table 3.)

Table 3

Curriculum Planning

Behaviors	No. of Providers Demonstrating Behaviors	Provider Self-Evaluations
1. Writes and posts curriculum plan	12	9
2. Include parent involvement activities	8	5
3. Include children's input in plans	10	9
4. Observe children and document observations	10	8

5. Use observations to individualize activities	10	6
6. Survey parents about traditions & include celebrations in plans	10	9

Discussion

It was exciting to witness the transformation that took place in the providers' homes. Developmentally appropriate activities, curriculum planning and positive provider-child interactions were now common occurrences. In spite of these successes, the curriculum planning behavior of planning activities for parent involvement was an issue for four of the providers. They commented that parents don't seem to care as long as their kids are safe and happy, and they are too busy with their work schedules. Colker and Trister-Dodge (1991) stated that there are ways to involve parents that don't require them to visit your home. "Most parents are willing to participate in some way if they feel that they are respected, needed and valued" (p.51). Conclusively, our on-base providers needed to explore other avenues besides parents attending special activities to encourage parent involvement.

While parent involvement was a concern that still needs some attention, DAP environments demanded more immediate emphasis. Providers were still having some difficulty with setting up their home environments. Whereas they were displaying their toys on low shelves, labeling of these shelves was met with some resistance. Some providers indicated that the children peeled off their labels, so why label? Many had placed words on the shelves but did not have the corresponding pictures, resulting in toys

haphazardly placed on shelves. Furthermore, on these low shelves, there was an absence of crayons and markers in three of the homes. Paper wasn't a problem but a few providers were apprehensive about making these writing instruments accessible to young children. They felt that their children would write on the walls, the floors and themselves and that it would not be safe to keep them at children's reach.

Even with the initial lending library access problem, equipment and supplies were readily available for provider use. They were distributed at training sessions, playgroups and delivered to the home. Nine providers used the lending library yet only five had enough toys to rotate on a weekly basis. It was quite possible that either not enough materials were being checked out or these toys were not being sanitized and placed back on the shelves. Reasons for not using the lending library or rotating toys ranged from, I didn't know that I needed to do this, not enough space for more toys, I buy my own toys, and I have enough of my own.

The bottom line was that more work is needed to convince providers that labeling shelves with pictures is a good thing to do, because it promotes children's pre-reading skills. It also promotes the self-help skill of cleaning up after oneself. Jones, Modigliani, and Reiff (1987) emphasized that a plentiful supply of toys displayed on low shelves and accessible to children encourages child-initiated activities and increases children's creativity, problem solving, and increases their self-esteem (pp. 46-47).

Overall, the writer was very pleased with the results of this short 3 month practicum implementation. Providers who did not understand what is DAP, why it is done and how to implement it in their homes, now have a better understanding of this

developmental process and its impact on the quality of childcare provided. Additionally, an intrinsic reward identified was that providers have voiced to the writer that they now see their jobs as more than babysitting. They feel like they are truly childcare professionals.

Recommendations

The following were five recommendations made by the writer to improve DAP in the home environments.

1. Playgroup attendance should be mandatory for providers who were not making progress in curriculum planning and offering developmentally appropriate activities during home visits.
2. Providers should receive a list of types of toys, such as stacking, sorting, and push/pull toys, that should be displayed in their homes for each age group in attendance.
3. The training specialist or designee should make the picture labels with the providers.
4. The training specialist or designee should continue to conduct monthly formal training sessions.
5. The training specialist or designee should continue conducting monthly home visits.

Turning first to playgroups, while these playgroups were an optional activity for the writer's providers because they showed DAP progress, mandatory attendance should

be required for providers who need practice in trying out activities in a group setting where guidance from the playgroup coordinator and the providers' peers was available.

Provider attendance at the writer's playgroups resulted in increased confidence levels for providers who were initially hesitant and/or unsure how to include developmental activities in their curriculum plans and implement them in their respective homes. These playgroups also allowed providers and children to have an extended support group and have fun learning.

Looking now at the second recommendation, while providers knew which toys were in the lending library, they did not know the specific age suited for each toy. With possession of this recommended list, providers would be required to ensure that they checked out from the lending library or secured by other means these required categories of toys and in sufficient numbers for child use. This action would also increase the number of items available for rotating on a weekly basis in each provider's home.

To further improve DAP in the providers' home environments, including the making of the labels into the training session on environments will increase the likelihood that these labels get done. Whereas the writer gave the contact paper, written labels and childcare catalogs to the providers and showed them, in the child development center, different ways that these labels could be placed on shelves or bins, the providers did not make them during this training session. Consequently, only 9 of the 12 providers met this labeling environment behavior and only 5 of the 12 providers met the rotating toys environment behavior.

In the future, the writer plans to make the labels with the providers. She plans to purchase the two-sided adhesive velcro so that providers can attach it to their shelves and to the lamented pictures. These labels would be easier to remove than attaching the labels directly onto the shelves. Labeling with both the words and pictures would improve DAP by encouraging children's self-help and pre-reading skills. Furthermore, labeling, by the method described, would encourage a variety of toys to be rotated on shelves and more diverse activities to occur.

Moving on to the fourth recommendation regarding training, the writer recognized that in order to implement the best practices, providers needed to know child development theory and research. Providers' need for learning theory and research was evident in the higher levels of questioning observed by the writer during formal training sessions. Providers were not complacent. They wanted to know why DAP was necessary for quality childcare programming.

In addition to training, the writer recognized that the fifth recommendation referencing the continuation of home visits was critical to maintaining and improving quality care. This contact with providers offered them an opportunity for much needed adult contact. Providers need face to face time with an early childhood specialist to answer their questions regarding child development, business practices, health issues and more.

Dissemination

The writer plans to share her practicum findings with her co-workers at a future staff meeting. Beyond the workplace, she will also contact her military headquarters and

brief them on the results. She hopes to also share her innovative strategies with other military family daycare personnel at different stateside and worldwide bases.

Moving from the military micro-system to the early childhood macro-system, the writer plans to present her practicum findings and information on how to set up family daycare playgroups, conduct home visits and maximize the use of the lending library resources at state and national conferences. Specifically, she has submitted a presentation proposal to NAEYC and is awaiting approval to present at the November 1999 conference. While the writer did not meet the deadline for mailing in her presentation proposal for the National Family Child Care conference being held in August 1999, she plans to submit a proposal for the year 2000.

Beyond the formal presentations, the writer's practicum implementation has opened up networking opportunities for her with other early childhood professionals. She plans to establish a partnership with some of these networking contacts. The writer will assist others to replicate and build on her work. Ultimately, her goal is to mentor others and raise the level of quality childcare not only in military family daycare homes but also in the civilian communities.

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APPENDIX A
DEVELOPMENTALLY APPROPRIATE PRACTICES SURVEY

DAILY ACTIVITY SCHEDULE

	Most of the time	Sometimes	Rarely
I post and follow a daily activity schedule.	8		1
I plan the schedule around essential activities such as eating, toileting and rest time.	9		
I have a balance of quiet and active times.	8	1	
I have a balance of indoor and outdoor activities.	9		
I have a balance of planned and free play activities.	7	2	
I update my schedule to reflect changes such as school times and school vacations.	6	1	2
I adapt my schedule to meet the children's needs.	9		

ENVIRONMENTS

	Most of the time	Sometimes	Rarely
I display my toys on low shelves.	8	1	
I display children's art work on their eye level.	7	2	
I have multicultural books and dolls that reflect the cultures of children in care.	6	2	1
I label my shelves with the picture and words for the items displayed.	4	1	4
I have stacking toys, push/pull toys, sorting toys for infants and toddlers.	8		
I have dress-up clothes, blocks, floor puzzles, and legos for preschoolers.	9		
I have crayons, markers, and paper accessible for children to take off the shelves to use.	5	1	3
I rotate my toys on a weekly basis.	4	5	

INTERACTIONS

	Most of the Time	Sometimes	Rarely
I get down on children's eye level to talk to them.	9		
I ask children open-ended questions.	8	1	
I sit and eat with children at meal and snack times.	7	1	1

I encourage children to use their self-help skills, feeding, pouring, and serving themselves, dressing, etc.	8	1	
I encourage children to problem solve.	9		
I state directions clearly and positively.	9		
I praise children's efforts and positive behaviors.	8	1	

CURRICULUM PLANS

	Most of the Time	Sometimes	Rarely
I write a weekly curriculum plan and post it for parents to read.	7	1	1
I include parent involvement activities in my curriculum plans.	4	4	1
I include creative art activities for my multi-age group (infants, toddlers, preschoolers, and schoolagers) to participate in.	9		
I ask my children what interests them and include their inputs in my plans.	7	2	
I observe children and document these observations.	3	1	5
I use these child observations to individualize my activities to meet each child's needs.	8		1
I survey parents about their traditions and include celebrations, songs, cooking experiences, etc. into my plans.	4	4	1

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Please use the space below to comment on the criteria rated in this survey.

Daily Activity Schedule

Criteria: I update my schedule to reflect changes.

Comment: Provider wrote that she doesn't want to mark up her schedule.

Environment

Criteria: I display children's artwork on their eye level.

Comment: Provider wrote that artwork is not displayed low because the children rip it.

She wrote that she preferred the children to look a little up-creates positiveness.

Criteria: I label my shelves with the picture and words for the items displayed.

Comment: Provider wrote that she labeled the word but not the picture.

Criteria: I have crayons, markers, and paper accessible for children to take off the shelves to use.

Comment: Provider wrote that she doesn't want the children to eat them.

Comment: Provider wrote that these materials are only used at the table.

Comment: Two providers wrote that these materials are not accessible to children because they write on the walls.

Criteria: I rotate my toys on a weekly basis.

Comment: Provider wrote that she didn't understand what rotate meant.

Criteria: I use the lending library.

Comment: Provider didn't know that there was a lending library till two weeks before the previous family daycare coordinator had vacated the position (April 1998) and brought some toys to her house.

Comment: Provider wrote that she buys her own toys.

Interactions

Criteria: I sit and eat with children at meal and snack time.

Comment: Provider wrote that it's best to assist children and then try to eat with them.

Curriculum Plans

Criteria: I write a weekly plan and post it for parents to read.

Comment: Provider wrote that she needs help writing curriculum plans.

Criteria: I include parent involvement activities in my curriculum plans.

Comment: Provider wrote that she talks to parents, but parents are too busy to get involved, except during special occasions like birthdays.

Comment: Provider wrote that she is having difficulty getting parents involved.

Criteria: I include creative art activities for my multi-age group to participate in.

Comment: Provider wrote that providers need to include more academic activities such as teaching the children to count, say their ABC's, tie their shoes and become self-sufficient.

Criteria: I observe children and document these observations.

Comment: Provider wrote that she gives verbal feedback to parents, but doesn't document observations.

APPENDIX B
DEVELOPMENTALLY APPROPRIATE PRACTICES
OBSERVATION TOOL

DEVELOPMENTALLY APPROPRIATE PRACTICES**OBSERVATION TOOL****DAILY ACTIVITY SCHEDULE**

Name _____ Date _____ Observation # _____

1. I post and follow a daily activity schedule.

Observations

Assessment

2. I have a balance of quiet and active times.

Observations

Assessment

3. I have a balance of indoor and outdoor activities.

Observation

Assessment

4. I have a balance of provider-directed and child-initiated activities.

Observations**Assessment**

5. I update my schedule to reflect changes such as school times and school vacations.

Observations**Assessment****ENVIRONMENTS**

1. I display my toys on low shelves.

Observations**Assessment**

2. I display children's artwork on their eye level.

Observations**Assessment**

3. I have multicultural books and dolls that reflect the cultures of children in care.

Observations**Assessment**

4. I label my shelves with the picture and words for the items displayed.

Observations**Assessment**

5. I have crayons, markers and paper accessible for children to take off the shelves to use.

Observations**Assessment**

6. I rotate my toys on a weekly basis.

Observations

Assessment

7. I use the lending library.

Observations

Assessment

INTERACTIONS

1. I get down on children's eye level to talk to them.

Observations

Assessment

2. I ask open-ended questions.

Observations

Assessment

3. I sit and eat with children at meal and snack times.

Observations

Assessment

4. I encourage children to use their self-help skills, feeding, pouring, and serving themselves, dressing, etc.

Observations

Assessment

5. I praise children's efforts and positive behaviors.

Observations

Assessment

CURRICULUM PLANNING

1. I write a weekly curriculum plan and post it for parents to read.

Observations

Assessment

2. I include parent involvement activities in my curriculum plans.

Observations

Assessment

3. I ask my children what interests them and include their inputs in my plans.

Observations

Assessment

4. I observe children and document these observations.

Observations

Assessment

5. I use these observations to individualize my activities to meet each child's needs.

Observations

Assessment

6. I survey parents about their traditions and include celebrations, songs, cooking experiences, etc. into my plans.

Observations

Assessment

Total Behaviors observed

Daily Activity Schedule _____ Environments _____ Interactions _____

Curriculum Plans _____

APPENDIX C
WORKSHOP EVALUATION

WORKSHOP EVALUATION

Location _____

Date _____

Instructor _____

1. What did you like best about this workshop?

2. What would you like to see changed if anything?

3. What did you learn or gain a better understanding of through this workshop?

4. Comments

APPENDIX D
FAMILY DAYCARE BOOK REPORT FORM

FAMILY DAYCARE BOOK REPORT FORM**Title of Article** _____

1. Please highlight the main ideas covered in the reading?

2. What part of the reading did you like the most, why?

3. What ideas can you implement in your family daycare home?

Name _____**Date** _____

APPENDIX E

FAMILY DAYCARE PROVIDER HOME VISIT OBSERVATION

Family Daycare Provider Home Visit Observation

Name _____ Address _____

Phone _____ Date _____

Daily Activity Schedule**Environment****Interactions****Curriculum Plans**



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